

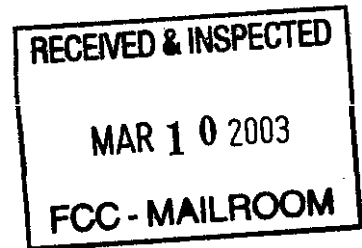


FORT VANCOUVER REGIONAL LIBRARY DISTRICT

Serving Clark, Skamania, Klickitat Counties and Woodland in Cowlitz County ■ Bruce Ziegman, Executive Director

Fort Vancouver Regional Library
Cher Starkel
1007 E Mill Plain Blvd
Vancouver, WA 98663
Phone 360-906-2327
Fax 360-906-2326
February 27, 2003

Federal Communications Commission
Office of the Secretary
445-12th Street, SW
Washington, DC 20554



Federal Communications Commission:

RE: Appeal of Form **486**
Request for Waiver of Filing Deadline of **486**
Application Number **206670** dated **2/26/03**
Funding Year 2002
FRN **762187,762198,772804,773075,773817**
Docket No. **96-45** and **97-21**


The Fort Vancouver Regional Library would like to request a waiver for the missed deadline for one of the **two 486** forms filed with SLD for the **2002** funding year. The **486** Form for most of the Funding Request Numbers, Form **203199**, was filed November **19, 2002** before the published deadline.

The waiver for missed deadlines is for lines that were to be disconnected before the e-rate funding year was over. Form **500** for Funding Request Numbers **762187,762198,772804,773075** and **773817** was completed with the intent to reduce the amount of funding to FVRL and allow the funds to be recycled to the Universal Service Fund for other entities. Although the Form **500** was filed timely, the **486** was not completed at this time. It was believed that the Form **500** would serve the same function as the Form **486**. As this was the first time FVRL had filed a Form **500**, the process was unfamiliar to staff. FVRL staff did discover the error and prepare the Form **486** with application **206770**, but the **SLD** deadline was missed. The service start date was changed to October **7, 2002**; by this time, most of the lines were already disconnected and FVRL was not eligible to receive any funding on those Funding Request Numbers.

The Fort Vancouver Regional Library would like to request that the Federal Communications Commission waive the deadline for the Form **486** aforementioned Funding Request Numbers. The original **486** and accompanying letter, Form **500** and that accompanying letter, and the second Form **486** letter are attached for your review.

Your consideration regarding the request for waiver is greatly appreciated.

Sincerely Yours,


Patricia Duitman
Associate Director
360-695-1561

No. of Copies rec'd _____
List ABOVE _____

10/14/02 11/17/02 Original 486

Schools and Libraries Universal Service Receipt of Service Confirmation Form

FCC Form 486: To be completed by the Billed Entity
Please read instructions before completing.

Estimated Average Burden Hours For First Submission: 15.0 hours
For Subsequent Submissions: 1.5 hours

Applicant's Form Identifier f v r l y r 5

Form 486 Application#
(To be inserted by Fund Administrator)

Block 1: Billed Entity Information

1. Name of Billed Entity

F T V A N C O U V E R R E G I O N A L L I B R A R Y

2. Billed Entity Number

1 4 5 3 6 8

3. Funding Year

2 0 0 2

4. Complete Mailing Address of Billed Entity

Street Address, P.O. Box or Route Number

1 0 0 7 E M I L L P L A I N B L V D

City

V A N C O U V E R

State

Zip Code

W A 9 8 6 6 3 3 5 0 4

Telephone Number

Extension

Fax Number

3 6 0 6 9 5 1 5 6 1 3 6 0 6 9 3 2 6 8 1

Email Address

p d u i t m a n @ f v r l . o r g



0 4 8 6 0 1 0 1 0 2

Entity Number	145368	Applicant's Form Identifier	fvrlr5
Contact Person	Cher Starkel	Phone Number	(360)906-2327

Block 2: Early Filing Information and CIPA Waiver Request

6a. Early Filing

CHECK THE BOX BELOW IF THE FRNS ON **THIS** FORM 486 ARE FOR SERVICES STARTING **ON OR BEFORE** JULY 31 OF THE FUNDING YEAR.

The Funding Requests listed in Block 3 have been approved by SLD as shown in my Funding Commitment Decision Letter (FCDL). I have confirmed with the **service provider(s)** featured in those Funding Requests that these services **will start** on or before **July 31** of the Funding Year.

Remember: Early filing using Item 6a is an option ~~if~~ and ONLY if services will **start within the month of July of the relevant Funding Year, all relevant certifications in Block 4 can be accurately made, and the Form 486 is postmarked on or before July 31 of the Funding Year.**

6b. CIPA Waiver

CHECK THE BOX BELOW IF YOU **ARE REQUESTING** A WAIVER OF CIPA REQUIREMENTS FOR THE SECOND FUNDING YEAR AFTER **APRIL 20, 2001** IN WHICH YOU HAVE APPLIED FOR DISCOUNTS IF YOU AS THE BILLED ENTITY ARE THE ADMINISTRATIVE AUTHORITY.

I am providing notification that, as of the date of the **start** of discounted services, I **am unable to make** the certifications required by the Children's Internet Protection Act, as codified at 47 U.S.C. § 254(h) and/or (l), because my **state** or local procurement rules or regulations or competitive bidding requirements prevent the making of the certification(s) otherwise **required**. I certify **that** the schools or libraries represented in the Funding Request **Number(s)** on **this** Form 486 **will** be brought into compliance with the CIPA requirements before the **start** of the Third Funding Year **after April 20, 2001** in which they apply for discounts.



Entity Number	<u>145368</u>	Applicant's Form Identifier	<u>fvrlr5</u>
Contact Person	<u>Cher Starkel</u>	Phone Number	<u>(360) 906-2327</u>

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information **required** below.
Remember: The **FRNs** listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 **A**

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) [*Cannot be before July 1 of the Funding Year for which you are requesting discounts.]
-	2 9 1 2 4 2	7 6 2 1 2 0	0190472019001	AT&T Corp	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
-	2 9 1 2 4 2	7 6 2 1 3 7	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
3	2 9 1 2 4 2	7 6 2 1 4 1	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
4	2 9 1 2 4 2	7 6 2 1 4 7	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 5 2	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 5 5	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 5 7	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
-	2 9 1 2 4 2	7 6 2 1 5 9	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2



Entity Number <u>145368</u>	Applicant's Form Identifier <u>fvrlr5</u>
Contact Person <u>Cher Starkel</u>	Phone Number <u>(360)906-2327</u>

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 B

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	2 9 1 2 4 2	7 6 2 1 6 1	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
3	2 9 1 2 4 2	7 6 2 1 6 5	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 6 6	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 6 8	0190472019001	AT&T Corp.	1 4 3 0 0 1 1 9 2	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 7 0	3608355393	Verizon Northwest I	1 4 3 0 0 4 7 8 6	0 7 0 1 2 0 0 2
	2 9 1 2 4 2	7 6 2 1 7 3	3602252115	Verizon Northwest I	1 4 3 0 0 4 7 8 6	0 7 0 1 2 0 0 2
7	2 9 1 2 4 2	7 6 2 1 9 0	8494590010479	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 7 0 1 2 0 0 2
8	2 9 1 2 4 2	7 6 2 1 9 2	5094931132	SprinVUnited Teleph	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2



Entity Number 145368

Contact Person Cher Starkel

Applicant's Form Identifier fvrlr5

Phone Number (360) 906-2327

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
- Remember: **The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.**
- If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 **C**

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
2 9 1 2 4 2	7 6 2 1 9 4	5094274439	SprinVUnited Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 2 1 9 6	5094275471	SprinVUnited Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 2 1 9 7	5097734487	Sprint/United Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 2 2 0 0	016R137143999	SprinVUnited Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 2 2 0 3	503B115336016	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 2 2 0 4	206T611086051	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 6 2 9 0	3606941282022	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 6 6 2 9 3	3602567782039	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2



Entity Number 145368
Contact Person Cher Starkel

Applicant's Form Identifier fvrlr5
Phone Number (360) 906-2327

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 **D**

(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN)(9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) "Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
2 9 1 2 4 2	7 6 6 3 0 1	3606872322	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 1 8	360 695 7134 73	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 3 5	3605719696	Qwest Corporation1	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 4 4	360 695 9151 73	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 5 5	360 695 9155 87	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 6 4	360 887 8281 94	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 6 8 6	360 892 8256 54	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2 9 1 2 4 2	7 7 2 1 0 6	360 7594500	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2



Entity Number 145368
Contact Person Cher Starkel

Applicant's Form Identifier fvrlr5
Phone Number (360) 906-2327

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 **E**

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	2 9 1 2 4 2	7 7 2 7 3 7	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 7 0 1 2 0 0 2
2	2 9 1 2 4 2	7 7 2 7 6 0	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 1 0 1 2 0 0 2
3	2 9 1 2 4 2	7 7 2 7 8 6	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 1 0 1 2 0 0 2
4	2 9 1 2 4 2	7 7 2 8 7 9	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 7 0 1 2 0 0 2
5	2 9 1 2 4 2	7 7 3 0 3 4	503 D07 6186 1	Qwest Interprise An	1 4 3 0 0 0 1 3 2	0 1 0 1 2 0 0 2
6	2 9 1 2 4 2	7 7 3 4 3 3	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 1 0 1 2 0 0 2
7	2 9 1 2 4 2	7 7 3 8 7 4	360 906 0911	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 1 0 1 2 0 0 2
8	2 9 1 2 4 2	7 7 5 8 6 4	206T6241870	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 1 0 1 2 0 0 2



Entity Number 145368

Contact Person Cher Starkel

Applicant's Form Identifier fvrlr5

Phone Number (360) 906-2327

Block 3: Service Information

7. Please provide the following information for each Form 471 Block 5 (Discount Funding Request) item for which the Billed Entity is indicating that the named Service Provider may begin submitting invoices to SLD. You will need your FCDL for some of the information required below.
- Remember: The FRNs listed below must be from the same Funding Year as is listed in Item 3, Block 1.
- If you need additional pages, please label them 4A, 4B, 4C, etc. and indicate the number in the space provided here: Page 4 F

	(A) 471 Application Number (10 digits) From FCDL	(B) Funding Request Number (FRN) (10 digits) From FCDL	(C) Billing Account Number (required if contained on your FCDL)	(D) Service Provider Name From FCDL	(E) Service Provider Identification Number (SPIN) (9 digits) From FCDL	(F) Funding Year Service Start Date* (Earliest Date that Discounts Will Begin) (*Cannot be before July 1 of the Funding Year for which you are requesting discounts.)
1	2 9 1 2 4 2	7 7 5 8 7 2	206T3221550	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
2	2 9 1 2 4 2	7 7 5 8 9 1	R204019990	Sprint/United Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
3	2 9 1 2 4 2	7 7 5 8 9 6	R204019990	Sprint/United Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
4	2 9 1 2 4 2	8 3 1 9 2 6	N/A	Sprint/United Telept	1 4 3 0 0 2 5 8 8	0 7 0 1 2 0 0 2
5	2 9 1 2 4 2	8 3 1 8 5 8	N/A	Qwest Corporation i	1 4 3 0 0 5 2 3 1	0 8 0 1 2 0 0 2
6	2 9 1 2 4 2	8 3 1 8 8 2	N/A	Qwest Corporation f	1 4 3 0 0 5 2 3 1	1 0 0 1 2 0 0 2
7	2 9 1 2 4 2	1 8 3 1 8 3 2	N/A	Qwest Corporation f	1 4 3 0 0 5 2 3 1	0 7 0 1 2 0 0 2
8	2 9 1 2 4 2	7 7 3 3 4 7	8494590010407	TCI Network Solutio	1 4 3 0 0 3 8 3 5	0 7 0 1 2 0 0 2



Entity Number	<u>145368</u>	Applicant's Form Identifier	<u>fvrlyr5</u>
Contact Person	<u>Cher Starkel</u>	Phone Number	<u>(360)906-2327</u>

Block 4: Certifications and Signature

8. I certify that the technology plan(s) for the services received as indicated on this Form 486 have been approved as necessary. Fill in the name(s) of the organization(s) that reviewed and approved a technology plan for any eligible entity that is receiving services covered under this form; attach an additional list if necessary. If ALL of the FRNs listed herein are for basic telephone service only, write in "none" here.

W a s h i n g t o n s t a t e l i b r a r y

9. I certify that the services listed on this Form 486 have been, are planned to be, or are being provided to all or some of the eligible entities identified in the Form 471 application(s) cited above. I certify that there are signed contracts covering all of the services listed on this Form 486 except for those services provided under tariff or month-to-month arrangements. I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

10. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. I recognize that I may be audited pursuant to this application and will retain for five years any and all records, including Forms 479 where required, that I rely upon to complete this form and, if audited, will make available to the Administrator such records.

NOTES FOR COMPLETING THE CERTIFICATIONS IN ITEM 11

A Billed Entity who is the Administrative Authority must check Item 11a or 11b or 11c. Check only **ONE** item. Note that the certification in Items 11a and 11b are different for schools and for libraries. If the Billed Entity is not the Administrative Authority, skip to Item 11d.

A Billed Entity who represents one or more Administrative Authorities must check Item 11d or 11e. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

A Billed Entity who represents one or more Administrative Authorities in Funding Years after Funding Year 2001 and who checks Item 11d **must** check Item 11f or 11g. (See the Form 486 Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or More Administrative Authorities.")

IF THIS FORM PERTAINS TO A FUNDING YEAR PRIOR TO FUNDING YEAR 2001 (THE FUNDING YEAR BEGINNING JULY 1, 2001), SKIP TO ITEM 12.



Entity Number	<u>145368</u>	Applicant's Form Identifier	<u>fvrlr5</u>
Contact Person	<u>Cher Starkel</u>	Phone Number	<u>(360) 906-2327</u>

11. FOR A **BILLED ENTITY WHO IS THE ADMINISTRATIVE AUTHORITY:**

I certify that **as** of the date of the start of discounted services:

- a. [(FOR SCHOOLS) the recipient(s) of service represented ~~in~~ the Funding Request Number(s) on this Form **486** has (have) complied With the requirements of the Children's Internet Protection Act, **as** codified at **47 U.S.C. § 254(h)** and (l).
- [(FOR LIBRARIES) the recipient(s) of service represented in the Funding Request Number(s) on this Form **486** has (have) complied with the requirements of the Children's Internet Protection Act, **as** codified at **47 U.S.C. § 254(l)**.
- b. **X** [(FOR SCHOOLS) pursuant to the Children's Internet Protection Act, **as** codified at **47 U.S.C. § 254(h)** and (l), the recipient(s) of service represented in the Funding Request Number(s) on this Form **486** is (are) undertaking such actions, including any necessary procurement procedures, to comply with the requirements of CIPA for the next funding year, **but** has (have) not completed all requirements of CIPA for this funding year.
- [(FOR LIBRARIES) pursuant to the Children's Internet Protection Act, **as** codified at **47 U.S.C. § 254(l)**, the recipient(s) of service represented in the Funding Request Number(s) on this Form **486** is (~~are~~) undertaking such actions, including any necessary procnremet procedures, to comply with the requirements of CIPA for the next funding year, but has (have) not completed all requirements of CIPA for this funding year.
- c. [The Children's Internet Protection Act, **as** codified at **47 U.S.C. § 254(h)** and (**l**), does not apply because the recipient(s) of service represented in the Funding Request Number(s) on this Form **486** is (are) receiving discount services **only** for telecommunications services.

FOR A **BILLED ENTITY WHO REPRESENTS ONE OR MORE ADMINISTRATIVE AUTHORITIES** :

1

I certify that **as** of the date of the ~~start~~ of discounted services:

- d. [I certify as the Billed Entity for the consortium that I have collected duly completed and signed Forms **479** from **all** eligible members of the consortium.
- e. [I certify **as** the Billed Entity for the consortium that the only services that have been approved for discounts under the universal service support mechanism on behalf of eligible members of the consortium are telecommunications ~~services~~, and therefore the requirements of the Children's Internet ~~Protection~~ Act, **as** codified at **47 U.S.C. § 254(h)** and (l), do not **apply**.

For Funding Years after Funding Year 2001: **If** you checked ~~Item~~ 11 d above, check **ONE** of the boxes below:

- f. [I certify that some or all of the eligible consortium members checked Form **479** Item **6d** to seek a CIFA Waiver, and upon request from the Administrator I can provide this information; OR
- g. [I certify that no eligible consortium members checked Form **479** Item 6d to seek a CIFA Waiver.

The certification language above is not intended to fully set forth or explain all the requirements of the statute.

¹ See the Form **486** Instructions for Item 11, "Special Notes for Billed Entities Who Represent One or ~~More~~ Administrative Authorities."



Entity Number 145368 Applicant's Form Identifier fvrlr5
Contact Person Cher Starkel Phone Number (360) 906-2327

I certify that I am authorized to submit this receipt of service confirmation on behalf of the above-named Billed Entity, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true.

12. Signature of authorized person

13. Date

Patricia Duitman

1 1 1 8 2 0 0 2

14. Printed name of authorized person

P a t r i c i a D u i t m a n

15. Title or position of authorized person

A s s o c i a t e D i r e c t o r

16. Telephone number of authorized person

Extension

3 6 0 6 9 5 1 5 6 1

Please submit thh form to:

SLD-Form 486
P. O.Box 7026
Lawrence, Kansas 66044-7026

For express delivery services or U.S. Postal Service, Return Receipt Requested, send this form to:

SLD-Form 486
c/o Ms. smith
3833 Greenway Drive
Lawrence, Kansas 66046
888-203-8100

Submit



0 4 8 6 0 1 0 7 0 2

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return the card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:

51D-Form 486
40 Ms. Smith
3833 Greenwood Drive
Lawrence, Kansas
66046

5. Received By: (Print Name)

6. Signature: (Addressee or Agent)

X

PS Form 3811, December 1994

Domestic Return Receipt

4a. Article Number

76001670 002-0270 1995

4b. Service Type

☒ Certified

☐ Insured

☐ COD

7. Date of Delivery

☒ Return Receipt for Merchandise

8. Addressee's Address (Only if requested and fee is paid)

I also wish to receive the following services (for an extra fee):
☒ Restricted Delivery
Consult postmaster for fee.



Original 486 Letter

Universal Service Administrative Company
Schools & Libraries Division

FORM 486 NOTIFICATION LETTER
(Funding Year **2002: 07/01/2002 - 06/30/2003**)

December 4, 2002

FT VANCOUVER REGIONAL LIBRARY
CHER STARKEL
1007 E MILL PLAIN BLVD
VANCOUVER, WA 98663-3504

Re: Corn 486 Application Number: 203199
Applicant's **Form 486 Identifier: FVRLYR5**

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company has received and accepted an FCC Form 486 (Receipt of Service Confirmation Form) from you. This notification is to confirm the information that you provided. This information is being shared with the service provider whose SPIN you identified on the affected Funding Request Number(s) (FRN).

NOTICE ON SERVICE START DATE

There may be some situations where one or more Service Start Dates as reflected on this letter have been changed from what you indicated on the Form 486. Such changes are made by the SLD to be in compliance with program rules. You will know that a change has been made if there is an asterisk next to the Service Start Date. If the SLD changed the Service Start Date, that may have triggered a reduction in the funding commitment if the change of Service Start Date reduced the number of months for which discounts on recurring services could be provided. Whatever Service Start Date and funding commitment amount are listed, it is important that you and the Service Provider both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved services actually delivered and installed on or after the Service Start Date indicated on this letter.

TO APPEAL THE SERVICE START DATE/FUNDING COMMITMENT CHANGE DECISION

If you wish to appeal the Service Start Date change(s) and/or funding commitment adjustment(s) indicated in this letter, your appeal must be RECEIVED BY THE SCHOOLS AND LIBRARIES DIVISION (SLD) WITHIN 60 DAYS OF THE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. In your letter of appeal:

1. Include the name, address, telephone number, fax number, and e-mail address (if available) for the person who can most readily discuss this appeal with us.
2. State outright that your letter is an appeal. Identify which FRN Service Start Date change or Funding Commitment adjustment you are appealing. Indicate the relevant funding year and the date of this Form 486 Notification Letter. Your letter of

appeal must also include the relevant Funding Request Number(s), the applicant name, the Form 471 Application Number, and the Billed Entity Number from your Form 486.

3. Please keep your letter to the point, and provide documentation to support your appeal. Be sure to keep copies of your correspondence and documentation.

4. Provide an authorized signature on your letter of appeal.

If you are submitting your appeal on paper, please send your appeal to:
Letter of Appeal, Schools and Libraries Division, Box 125 - Correspondence Unit,
80 South Jefferson Road, Whippany, NJ 07981. Additional options for filing an appeal can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site <www.sl.universalservice.org> or by calling the Client Service Bureau at 1-888-203-8100.

While we encourage you to resolve your appeal with the SLD first, you have the option of filing an appeal directly with the Federal Communications Commission (FCC). You should refer to CC Docket Nos. 96-45 and 97-21 on the first page of your appeal to the FCC. Your appeal must be RECEIVED BY THE FCC WITHIN 60 DAYS OF THE ABOVE DATE ON THIS LETTER. Failure to meet this requirement will result in automatic dismissal of your appeal. Further information and options for filing an appeal directly with the FCC can be found in the "Appeals Procedure" posted in the Reference Area of the SLD web site or by calling the Client Service Bureau. We strongly recommend that you use the electronic filing options because of continued substantial delays in mail delivery to the FCC. If you are submitting your appeal via United States Postal Service, send to: FCC, Office of the Secretary, 445 12th Street SW, Washington, DC 20554.

NOTICE ON CIPA COMPLIANCE FOR FUNDING YEAR 2002 AND FUTURE FUNDING YEARS

Although your Form 486 has been fully data entered, the SLD will continue to investigate the CIPA compliance status of each of the entities represented on each FRN listed. If the SLD discovers that the reported CIPA compliance status for an entity is not valid, based on what was reported on your Forms 486 from prior Funding Years, there is a possibility that invoices will be denied for services being delivered to the affected entities.

NOTICE ON INVOICING

INVOICING DEADLINES: After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider. Invoices must be postmarked no later than 120 calendar days after the last date to receive service or 120 calendar days after the date of this Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

Please note that the SLD encourages service providers to work with their customers to establish whether discounts will appear on bills or whether customers prefer a reimbursement process. The SLD will process either reimbursements based on Form 472 (BEAR) or discounts based on Form 474 (SPIF) for a given FRN. Once established, however, the selected process - SPIFs or BEARs - must be used consistently for the entire Funding Year.

NOTE: The SLD will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

REVIEW OF INVOICES FOR COMPLIANCE WITH PROGRAM RULES

Once an invoice is in the SLD system, it is reviewed (electronically and, in some cases, manually) for compliance with program rules. Applicants who submit BEARs or service providers who submit SPIFs may be contacted by our Program Integrity Assurance team to provide information in support of the invoice.

EXPLANATION OF INFORMATION PROVIDED IN THE FORM 486 NOTIFICATION LETTER

On the following pages is a list of FRNs for which you have notified us of a Service Start Date. To help you understand this list, the following definitions are provided. Most of these are identical to the definitions that were included in the Funding Commitment Decision Letters (FCDL) sent to you earlier.

Funding Request Number (FRN): A Funding Request Number is assigned by the SLD to each Block 5 of your Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount funding requests submitted on a Form 471.

Form 471 Application Number: A unique identifier assigned to a Form 471 application by the SLD from Block 1 of the Form 471.

Service Provider Name: The name of the service provider that you identified as providing the service included in this FRN.

Service Provider Identification Number: The unique number assigned by USAC to the service provider you identified as providing the service included in this FRN.

Billing Account Number: The account number that you have established with your service provider for billing purposes. This will be present only if a Billing Account Number was provided on the Form 471.

Service Start Date: The Service Start Date (SSD) as indicated on the Form 486. If this date is marked with an asterisk, it was changed by the SLD to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on services delivered prior to this date.

Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT): If the Service Start Date is marked with an asterisk, this field will explain why the SLD changed the date. One of the following explanations may appear:

AVSCD: The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If you indicated an earlier SSD on the Form 486, the SLD changed the SSD to the AVSCD.

120-DAY 486 DEADLINE: Forms 486 must be postmarked no later than 120 days after the start of services or no later than 120 days after the date of the Funding Commitment Decision Letter (FCDL), whichever is later. If the Form 486 is postmarked after the later of those two dates, the SLD changed the SSD to the date 120 days before the Form 486 postmark. That date will become the start date for discounted services. You are advised to keep proof of the date of mailing of your form(s).

Adjusted Funding Commitment (SHOWN ONLY IF RELEVANT): If the SLD changed the Service Start Date, that may have triggered a reduction in the funding commitment if the change of SSD reduced the number of months for which discounts on recurring services could be provided. This field will only appear if there is a reduction to the funding commitment amount.

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 762120
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762137
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762141
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762147
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762152
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Fundina Request Number: 762155
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762157
Form 471 Application Number: 291242
Service Name: AT&T Corp.
Service provide tif ti Number: 143001192
Billing ccount r 04
Service Start Date: 07/01/2002

Funding Request Number: 762159
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762161
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Fundina Request Number: 762165
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 762166
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762168
Form 471 Application Number: 291242
Service Provider Name: AT&T Corp.
Service Provider Identification Number: 143001192
Billing Account Number: 0190472019001
Service Start Date: 07/01/2002

Funding Request Number: 762170
Form 471 Application Number: 291242
Service Provider Name: Verizon - Northwest Inc
Service Provider Identification Number: 143004786
Billing Account Number: 3608355393
Service Start Date: 07/01/2002

Funding Request Number: 762173
Form 471 Application Number: 291242
Service Provider Name: Verizon - Northwest Inc
Service Provider Identification Number: 143004786
Billing Account Number: 3602252115
Service Start Date: 07/01/2002

Funding Request Number: 762190
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Broadband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 849459001047951
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 762192
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: 5094931132
Service Start Date: 07/01/2002

Funding Request Number: 762194
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: 5094274439
Service Start Date: 07/01/2002

Funding Request Number: 762196
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: 5094275471
Service Start Date: 07/01/2002

Funding Request Number: 762197
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: 5097734487
Service Start Date: 07/01/2002

Funding Request Number: 762200
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: 016R137143999
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 762203
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 5038115336016
Service Start Date: 07/01/2002

Funding Request Number: 762204
Form 471 Application Number: 291242
Service Provider Name: west Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 206T61108605146
Service Start Date: 07/01/2002

Funding Request Number: 766290
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360694128202254
Service Start Date: 07/01/2002

Fundin Request Number: 766293
Form 4% Application Number: 291242
Service Provider Name: west Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360256778203954
Service Start Date: 07/01/2002

Funding Request Number: 766301
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 3606872322
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 772618
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 695 7134 739 54
Service Start Date: 07/01/2002

Funding Request Number: 172635
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 571 9696
Service Start Date: 07/01/2002

Funding Request Number: 772644
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 695 9151 730 46
Service Start Date: 07/01/2002

Funding Request Number: 772655
Form 471 Application Number: 291242
Service Provider Name: west Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 695 9155 872 46
Service Start Date: 07/01/2002

Funding Request Number: 772664
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 887 8281 946 46
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 772686
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 892 8256 590 54
Service Start Date: 07/01/2002

Funding Request Number: 772706
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 759 4500
Service Start Date: 07/01/2002

Funding Request Number: 772737
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Broadband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

Funding Request Number: 772760
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Broadband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

Funding Request Number: 772786
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Broadband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 772879
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Braodband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

Funding Reauest Number: 773034
Form 471 Alpplication Number: 291242
Service Provider Name: Qwest Interprise America, Inc. fka US West Interprise Americ
Service Provider Identification Number: 143000132
Billing Account Number: 503 D07 6186 186
Service Start Date: 07/01/2002

Funding Reauest Number: 773347
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Braodband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

Funding Reauest Number: 773433
Form 471 Application Number: 291242
Service Provider Name: TCI Network Solutions dba AT&T Braodband Network Solutions
Service Provider Identification Number: 143003835
Billing Account Number: 8494590010407951
Service Start Date: 07/01/2002

Funding Request Number: 773874
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 360 906 0911
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 775864
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 20616241870
Service Start Date: 07/01/2002

Funding Request Number: 775872
Form 471 Application Number: 291242
Service Provider Name: west Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: 20613221550
Service Start Date: 07/01/2002

Funding Request Number: 775891
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: R204019990
Service Start Date: 07/01/2002

Funding Request Number: 775896
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: R204019990
Service Start Date: 07/01/2002

Funding Request Number: 831832
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: N/A
Service Start Date: 07/01/2002

FORM 486 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS
(Funding Year 2002)

Funding Request Number: 831858
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: N/A
Service Start Date: 08/01/2002

Funding Request Number: 831882
Form 471 Application Number: 291242
Service Provider Name: Qwest Corporation fka US West Communications
Service Provider Identification Number: 143005231
Billing Account Number: N/A
Service Start Date: 10/01/2002

Funding Request Number: 831926
Form 471 Application Number: 291242
Service Provider Name: Sprint/United Telephone - Northwest
Service Provider Identification Number: 143002588
Billing Account Number: N/A
Service Start Date: 07/01/2002